

STERLING RECREATION
SUMMER 2010 PROGRAM REGISTRATION FORM

Separate forms needed for Togo, Next Step, Sports Adventure and Super Safari
REGISTRATION BEGINS ON APRIL 5th, 2010

PLEASE PRINT

Name: _____

Address: _____

Phone: _____ E Mail: _____

**CIRCLE SHIRT SIZE FOR *TENNIS CLINICS & TALENT PROGRAM* - YOUTH: *MED LG*
ADULT: *SM MED LG X-LG***

SWIM LEVEL for Lake programs _____

C.I.T. SWIM training ____ **COUNSELOR training** ____

Must be completed if Participant is under 18 years of age:

DOB: _____ Age: _____ Grade in **FALL** _____ Gender: _____

Parent(s) Name: _____

Home Phone: _____ Work/cell Phone: _____

Emergency contact if we can't reach parent. Name: _____ Phone: _____

Please list any physical limitations/restrictions and/or medications being taken: _____

REGISTER EARLY & SAVE \$10!



*** ADD \$10 TO REGISTRATIONS RECEIVED WITHIN ONE WEEK PRIOR TO START OF PROGRAM**

PROGRAM TITLE	DATE/SESSION	TIME	*COST see above

Waiver In consideration of this application, I or my child hereby release, discharge and/or indemnify the Recreation Director, Recreation committee, staff, and/or volunteers, the Town of Sterling and its' elected officials of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of medicine or Doctor of Dentistry. It is possible that pictures will be taken during classes. I agree that pictures taken during program hours could potentially be used for promotional purpose.

Signature _____ **Date** _____

Signature of participant (or parent/guardian if under 18)

WAIVER MUST BE SIGNED TO PARTICIPATE IN PROGRAMS

Make checks payable: TOWN OF STERLING

Mail to Sterling Recreation, 1 Park Street, Sterling, Ma 01564 or drop off at 31 Main Street, 1835 Town Hall located in the center of Sterling

For Office use only: Date Received _____ **Check#** _____ **Cash** _____ **Amount:** _____